

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37443

1. PLACE OF DEATH

County Clay
 Township Fishing River
 City Excelsior Springs, Mo. (No.)

Registration District No. 198
 Primary Registration District No. 3011

File No. 143
 Registered No.
 St. 3d Ward)

2. FULL NAME RUST, Louis C.

(a) Residence, No. Veterans Administration St., Ward. Independence, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Rust

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1937, 19..... to Oct. 17, 1937, 19.....

I last saw h. im alive on Oct. 17, 1937, 19..... Death is said to have occurred on the date stated above, at 11:30 m. a. m.

The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 7 6

Carcinoma, bronchogenic with metastasis Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hatter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown
 11. Total time (years) spent in this occupation Unknown

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport, Iowa

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? NO

13. NAME Walter E. Rust
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Johanna Walters
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence, Mo. DATE 10-18-37 19.....

Manner of injury..... Nature of injury.....

19. UNDERTAKER John C. Prather (ADDRESS) Excelsior Springs, Mo.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
 (Signed) A. H. BOLAN, MD, Acting Clinical Dir.
 (Address) Veterans Administration Excelsior Springs, Missouri

20. FILED 10/19 1937 Louisa McCreesh Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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